

GASTROENTEROLOGY CONSULTATION NOTES - SARAH WILSON

Visit Date: 12/22/2024 | Provider: Dr. Jennifer Martinez, MD - Gastroenterology

CONSULTATION REQUEST

Referring Physician: Dr. Robert Taylor, MD - Primary Care

Reason for Consultation: Chronic constipation and abdominal pain

Urgency: Routine consultation

Clinical Question: Evaluation for inflammatory bowel disease

HISTORY OF PRESENT ILLNESS

52-year-old female with 4-month history of chronic constipation and abdominal pain. Bowel movements occur only 1-2 times per week, with hard, pellet-like stools. Associated symptoms include abdominal pain, especially in the left lower quadrant, bloating, and occasional nausea. No blood in stool, no weight loss, no fever. Dietary modifications and over-the-counter laxatives have provided minimal relief. Patient has family history of colon cancer (mother diagnosed at age 58). Recent CT abdomen showed mild wall thickening of the sigmoid colon.

PAST MEDICAL HISTORY

Hypothyroidism (well controlled), Irritable Bowel Syndrome (mild), Anxiety (on medication). No surgical history. Allergies: Sulfa (rash).

Family History: Mother with colon cancer (age 58), Father with hypertension and diabetes, Sister with IBS.

PHYSICAL EXAMINATION

Vital Signs: BP 118/78, HR 72, RR 16, Temp 98.2F

General: Well-appearing, no acute distress, alert and oriented x3

HEENT: Normocephalic, no JVD, PERRLA, EOMI

Cardiovascular: RRR, no murmurs, no gallops, no rubs

Respiratory: Clear to auscultation bilaterally

Abdomen: Soft, mild tenderness in left lower quadrant, no masses

Extremities: No edema, pulses intact, no clubbing, no cyanosis

ASSESSMENT AND PLAN

1. CHRONIC CONSTIPATION - Likely functional constipation

Plan: Order colonoscopy to evaluate for structural causes

Consider inflammatory bowel disease or diverticulosis

2. HYPOTHYROIDISM - Well controlled

Plan: Continue levothyroxine, recheck TSH in 6 months

3. IRRITABLE BOWEL SYNDROME - Mild, continue current management

Plan: Continue dicyclomine, consider dietary modifications

4. ANXIETY - Well controlled

Plan: Continue sertraline, consider therapy if needed

PRIOR AUTHORIZATION REQUEST

Service Requested: Colonoscopy with Biopsy